PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  Application or Docket Number  10/705891 Number  10/705891 Number													
CLAIMS AS FILED - PART I (Column 1) (Column 2)										ENTITY	OR	OTHER SMALL	
TC	ITAL CLAIMS				]				RATE	FEE	]	RATE	FEE
FOR				NUMBER FILED		NUMBER EXTRA			BASIC FI	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS				/ minus 20=		. 0			XS 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS		/ minus 3 =		. 0			X43=		OR	X86=	
MU	LTIPLE DEPEN	DENT (	CLAIM PI	RESENT		7_			+145=	1	OR	+290=	
• If	the difference	in calu	mn 1 is l	less than zero, enter "0" in column 2				TOTAL	<del>                                      </del>	OR	TOTAL	220	
CLAIMS AS AMENDED - PART II OTHER THA													77
		(Colu	ımn 1)	(Column 2) (C			(Column 3)		SMAL	LENTITY	OR	SMALL	ENTITY
AMENDMENT A	•	, CLI REMA AF AMENI			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total			Minus	<b>-</b> 0	Ø,	=		X\$ 9=		OR	X618=	
	Independent -			Minus 3		=		X43=	1	OR	X86		
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	1		+290=	
									TOTA		OR	TOTAL	<del>\                                    </del>
(Column 1) (Column 2) (Column 3)										£	lou	ADDIT. FEE!	
NT B	CL REM.		AIMS AINING TER IDMENT		HIGH NUMI PREVIO	EST BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT B	Total	. 2	3	Minus	-2	0	. 3	1	X\$ 9=	1.	OR	X\$18=	5-4.00
	Independent	<u> </u>		Minus 3			-	]	X43∓	1	OR	X86=	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								145	1		+290≟	
								l	+145=		OR	TOTAL	-400
									ADDIT. FE		OR	ADDIT. FEE	2 /200
			mn 1)_	· · ·	(Colun		(Column 3)	<b>,</b>		1 4884	1	<del></del>	455
AMENDMENT C	•	REM. AF	AINING TER DMENT		PREVIO PAID	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	44		= .		X\$ 9=	1	OR	X\$18=	
	Ind pendent	•		Minus	***		2	]	X43=	†	OR	X86=	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									<del> </del>	1		
Si Line												+290= TOTAL	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  ADDIT. FEE  OR  ADDIT. FEE													
•	The 'Highest Nur	ber Prev	iously Pai	d For* (Total or	Independe	ent) is the	highest numb	er fou	ind in the E	ppropriate bo	x in co	lumn 1.	

FORM PTO-875 (Rev. 10/03)

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